

_____ I have an existing Acct. # _____
 _____ This resolution is for:
 _____ New Account
 _____ Change to Existing Acct. # _____

_____ Acct Approved _____ Auth Entered.
 _____ Audit _____ Wire Instructions
 _____ Addr Entered _____ Wire Templates
 Approval:
 _____ AD1 _____ AD2
 Res. form 2000A_GEAP

WHEREAS, OCGA §§36-83-1 to 8 authorizes Georgia local governments and other authorized entities to invest funds through the local government investment pool;

WHEREAS, the Georgia Extended Asset Pool is a local government investment pool;

WHEREAS, from time to time it may be advantageous to the _____

WHEREAS, to provide for the safety of such funds deposited in **GEAP**, investments are restricted to those enumerated by OCGA § 50-5A-7 and Chapter 17 of Title 50 under the direction of the State Depository Board, considering first the probable safety of capital and then the probable income to be derived;

WHEREAS, such resolution must name the official(s) authorized to make deposits or withdrawals of funds in the local government investment pool;

WHEREAS, GEAP is available to local governments and other public entities that have funds available for investment for a period of one (1) year or longer, maintain a minimum balance of \$1 million, comply with the minimum transaction size of \$25,000, and a one day notice is required for all transactions. **Provided, however, that the Director of OTFS reserves the right to take up to seven business days to process a transaction if making payment with one day notice would adversely affect GEAP.**

NOW, THEREFORE BE IT RESOLVED by the _____
(Board, Council or other Governing Body)
that funds of the _____ may be deposited from time to time
(Local Government, Political Subdivision, or State Agency)
in the manner prescribed by law and the applicable policies and procedures for **GEAP**.

1. Any one of the following individuals shall be authorized to deposit and/or withdraw funds from **GEAP** on behalf of such government or other authorized entity (if a listed individual is employed by an entity other than the depositor, indicate employer):

Name, Title (Employer, if applicable)	(Area Code)	Phone Number

If additional space is needed, please include a separate signed and notarized page with this resolution.

2. All withdrawals from **GEAP** shall be wired to the following participant’s demand deposit account:

_____	_____	
(Local Bank Name)	(Account Title)	
_____	_____	_____
(ABA number)	(Account Number)	(City, State)

(If applicable) Our local bank prefers to receive credit for wire transfers at the following correspondent bank:

_____	_____	_____
(Bank Name)	(City)	(Account Number)

If additional space is needed, please include a separate signed and notarized page with this resolution.

3. **GEAP** shall mail the monthly statements of account to:

(Attention)

(Address)

(Address)

(City, State & Zip)

4. Changes in the above authorization shall be made by cancellation or replacement resolution delivered to the Office of Treasury and Fiscal Services. Until such a replacement resolution is received by the Office of Treasury and Fiscal Services, the above-authorized individuals, local government demand account instructions and statement-mailing address(es) shall remain in full force and effect.

5. The following schedule represents the period in which existing balances are currently expected to remain invested in **GEAP**:

_____	% 1.0 to 1.5 years;
_____	% more than 1.5 years but less than 2.0 years;
_____	% 2.0 years or longer.
<u>100</u>	%

Entered at _____, Georgia this _____ day of _____, 20__.

(Signature of Head of Governing Authority)

(Please Print or Type - Head of Governing Authority)

(Title)

Sworn to and subscribed before me this _____ day of _____, 20__.

(Notary Public)

Please complete and return the original signed and notarized form to:

GEAP	Telephone: (404) 656-2168
Office of Treasury and Fiscal Services	Toll Free: 1-800-222-6748
200 Piedmont Ave Suite 1202 West	Fax: (404) 656-9048
Atlanta, GA 30334-5527	